

DIVISION OF PARKS AND RECREATION
OPERATIONS



CITY OF SAINT PAUL

Mayor Christopher B. Coleman

OPERATIONS: 651-643-3473
PARK PERMITS: 651-632-5111
FORESTRY: 651-632-5129
Facsimile: 651-632-5115

1100 Hamline Avenue North
Saint Paul, Minnesota 55108

TTY: 651-266-6378
www.ci.stpaul.mn.us/depts/parks

ANNUAL PERMIT
for the purpose of Ice Climbing in City of Saint Paul Parks
from November 1, 2008 through March 31, 2009

First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Fax: _____ Email Address: _____

This permit is issued subject to the following conditions:

1. Annual (November 1 through March 31) Seasonal Fee of \$25.00 per person must be paid prior to any ice climbing. No refunds are issued for \$25.00 permits. Please make your check payable to the City of Saint Paul. Cash and credit card payments are also accepted.
2. All signatures (participant and city's) must be on permit for it to be valid. *Send your payment and permit to us and we will send a copy of the permit back to you that you should carry with you when you ice climb.*
3. The City retains the right to rescind permit or prohibit ice climbing at any time it deems necessary.
4. Completion of **WAIVER AND RELEASE OF LIABILITY**

I, _____ wish to participate in the recreational activity of ice-climbing offered at the Lilydale Brickyards in Saint Paul, Minnesota, and I have read and understand the following:

PARTICIPANT ASSUMES RISK. The undersigned (or his/her parent or guardian, if the undersigned is a minor) understands the inherent risks and dangers of participation in this type of activity and the potential for injury that exists, and agrees to assume all risk of and responsibility for personal injury or death to, or damage to or loss of property of, the undersigned arising from, based upon or relating to participation in the ice-climbing activity. The undersigned further states that he/she is in good physical condition, is physically fit to participate in this activity and is not subject to any medical condition that poses or may pose any risk of harm or disability to others.



CAPRA Accreditation

AA-ADA-EEO Employer



National Gold Medal Award

ANNUAL PERMIT
for the purpose of Ice Climbing in City of Saint Paul Parks
from November 1, 2008 through March 31, 2009
Page 2 of 2

RELEASE FROM LIABILITY AND COVENANT NOT TO SUE: The undersigned (or his/her parent or guardian, if a minor) understands that he/she is waiving all rights, causes of actions, suits or claims that may be brought by them or their representative against the City of Saint Paul, the Saint Paul Parks & Recreation Department, their representatives, employees, public officials or agents, based upon or relating to personal injury or death to, or damage to or loss of property sustained in connection with the undersigned's participation in the activity, excepting only claims which arise from the intentional or willful misconduct of the City, its employees, officers, directors or agents.

MISCELLANEOUS. This Release shall be governed by and construed in accordance with the laws of the State of Minnesota, without reference to the conflict of law provisions thereof and the Participant or his/her parent or guardian hereby consents to venue and personal jurisdiction in the district court of the State of Minnesota. If any portion of this Release shall be held invalid or unenforceable, the remaining portion hereof shall not be affected thereby and shall remain in full force and effect.

Name of Participant (*Please Print*)

Signature of Participant

Name of Parent or Guardian
(*Required if Participant is younger than 18 years old*)

FOR OFFICE USE ONLY:

Approved By: _____
City of Saint Paul, Division of Parks and Recreation

Cash \$ _____ Credit Card Type: _____ Check # _____ Amount \$ _____